



**DISTRICT OF COLUMBIA GOVERNMENT
OFFICE OF RISK MANAGEMENT
Tort Liability Division**

Phillip A. Lattimore III
Chief Risk Officer

PLEASE PRINT, AND COMPLETE THE FOLLOWING QUESTIONS.

**YOU MAY USE ADDITIONAL
PAGES IF NECESSARY.**

CLAIM AGAINST THE GOVERNMENT OF THE DISTRICT OF COLUMBIA

**PERSONAL INJURY DAMAGE
TYPE OR PRINT ALL INFORMATION CLEARLY**

1- PERSONAL INFORMATION

Last Name of Claimant: _____ First Name: _____

Address: _____ Zip code: _____

Date of Birth: _____ Social Security # (SSN): _____ Telephone #: _____

Cell #: _____ Fax #: _____ E-mail Address: _____

2- ACCIDENT/INCIDENT INFORMATION

Date of Accident: _____ Time: _____

Accident Location: _____

Detailed Description of Accident (use additional sheet if necessary): _____

Witness name(s) and contact information: _____

Did the police investigate the accident? Yes [] No []

Police Report # _____

Please attach photos of accident scene and/or damage if available.

3- MEDICAL INFORMATION

Date and location of first treatment: _____

Was claimant taken by ambulance? _____ Date treated in ER: _____

Name of hospital: _____

Name and address of treating physician: _____

Describe injury in detail (use additional sheet if necessary): _____

Total out of pocket expense \$ _____ Doctors \$ _____ Hospital \$ _____ Other \$ _____

Please attach related bills and receipts.

4- EMPLOYMENT INFORMATION

Status of employment on date of accident:

Employed []

Unemployed []

Amount earned

by the hour: \$ _____

Hours lost

from work: _____

5- VEHICLE INFORMATION (IF INJURY RELATED TO AUTO ACCIDENT)

(YOUR VEHICLE)

Make: _____ Year: _____ Model: _____ License Plate#: _____

V.I.N. Number: _____

DC GOVERNMENT EMPLOYEE AND VEHICLE

Make: _____ Year: _____ Model: _____ Mileage: _____ Color: _____ Plate: _____

Name and Title of Driver: _____

Government Agency Involved: _____

BY SIGNING THIS DOCUMENT, I AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCUATE TO THE BEST OF MY KNOWLEDGE.

Date: _____

Signature: _____

WARNING: It is a crime to provide false or misleading information to the District of Columbia Government, or to any department or agency thereof, regarding any claim upon or against the District of Columbia, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent. Such an act is subject to imprisonment of not more than one year and a fine of not more than \$100,000 for each violation.